

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04889

CERTIFICATE OF DEATH

Reg. Dist. No. 166

| | | | | | |
|---|------------------|--|--|----------------------|---|
| 1. PLACE OF DEATH COUNTY <u>Garrett</u> <u>Oakland, MARYLAND</u> | | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u> | | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u> LENGTH OF STAY (in this place) <u></u> | | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u> | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kemphfer Nursing Home Oakland, Md.</u> | | | STREET ADDRESS (If rural, give location) <u></u> | | |
| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) (Day) (Year) |
| | <u>Viola</u> | <u>Adela</u> | <u>Bartholomew</u> | <u>5/3/1951</u> | <u>19</u> |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months Days If under 24 hrs. Hours Mln. |
| <u>Female</u> | <u>White</u> | <u>Widowed</u> | <u>10/23/1856</u> | <u>94</u> yrs. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) |
| | | | <u>None</u> | | <u>Fort Alleghany, Pa</u> |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NAME | | |
| <u>Walter Edgar Burr</u> | | | <u>Jane Hards.</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY No. | | 17. INFORMANT AND ADDRESS |
| | | | <u>None</u> | | <u>Walter Bartholomew, Oakland, Md</u> |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Arteriosclerotic cardiovascular disease ? years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

Chn. BronchitisSenility

? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

| | | | | | |
|--|-----------|---|-----------------------|---|---------|
| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | |
| | | | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| | | INJURY | | | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 11 May 1950, to 3 May 1951, that I last saw the deceasedalive on 26 Apr., 1951, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Thomas J. Quibby M.D.Oakland, Md3 May 51

| | | | | |
|---|-----------------------|-------------------------------|----------------------------------|---------|
| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
| <u>Burial</u> | <u>5/5/1951</u> | <u>Ogletown Cemetery</u> | <u>Ogletown, Pa.</u> | |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS | |
| <u>5/5/51</u> | <u>Julia A. Pawan</u> | <u>Emory D. Bolden</u> | <u>Oakland, Md</u> | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 11 1961
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04890

Reg. Dist. No. 166

| | | | | | | | |
|---|------------------|--|-------------------|--|---------------------------------------|---|--|
| 1. PLACE OF DEATH COUNTY <u>Garrett</u> <u>Oakland</u> , MARYLAND | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u> | | | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland, Maryland.</u> LENGTH OF STAY (in this place) <u>Life time</u> | | | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Oakland, Maryland.</u> | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | | | STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | (First) | | (Middle) | | (Last) | |
| | | <u>Caroline Harper</u> | | <u>Bartlett.</u> | | | |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| <u>Female</u> | <u>White</u> | <u>Single</u> | <u>11/18/1868</u> | <u>82</u> yrs. | <u>Nov 15</u> 19 <u>51</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | |
| <u>None</u> | | <u>Dependant</u> | | <u>Oakland, Maryland.</u> | | <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Dr. Edward H. Bartlett</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Harriet Fairall.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT | |
| (If yes, give war or dates of service) | | | | <u>None</u> | | <u>Mrs. Arthur Hinebaugh, Oakland, Md</u> | |
| 18. MEDICAL CERTIFICATION | | | | | | | |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Immediate cause (a) <u>Chronic Myocarditis</u> Antecedent cause(s) (b) <u>Hypertension</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arteriosclerosis</u> | | | | | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| | | | | | | | |
| 21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | | | PLACE (Home, farm, lactory, street, OF office bldg., etc.) INJURY | | (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | | | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | HOW DID INJURY OCCUR? | |
| | | | | | | | |
| 22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . | | | | | | | |
| SIGNATURE | | | | (Degree or title) | | ADDRESS | |
| <u>E. J. Hammer</u> | | | | <u>M.D.</u> | | <u>Oakland Md</u> | |
| DATE SIGNED | | | | | | | |
| <u>5/16/51</u> | | | | | | | |
| 23. BURIAL, CREMATION REMOVAL (Specify) | | DATE THEREOF | | NAME OF CEMETERY OR CREMATORY | | LOCATION (City, town, or county) (State) | |
| <u>Burial</u> | | <u>5/17/1951</u> | | <u>Episcopal Cemetery</u> | | <u>Oakland, Md.</u> | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 24. FUNERAL DIRECTOR | | ADDRESS | |
| <u>5/17/1951</u> | | <u>Julius Newson</u> | | <u>Emory D. Bolden</u> | | <u>Oakland, Md.</u> | |

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04891

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH. COUNTY <u>Garrett</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Maryland</u> COUNTY <u>Garrett</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Swanton, Md. Rural</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Swanton, Md. Rural</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (First) (Middle) (Last) <u>Francis</u> <u>Bittinger.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>29-1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>3/5/1877</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner of a farm.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 9. AGE last birthday <u>74</u> yrs. |
| 11. BIRTHPLACE (State or foreign country) <u>Swanton, Maryland.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Peter Bittinger.</u> | | 14. MOTHER'S MAIDEN NAME <u>Sarah Broadwater.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT AND ADDRESS <u>Frank Bittinger, Swanton, Maryland</u> | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Hypertension & Paralysis.

Antecedent cause(s)

Disorders or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from May 20th 1951, to June 20th 1950, that I last saw the deceased alive on May 20th 1950, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | | |
|---|-----------------------|-------------------------------|----------------------------------|---------|
| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
| <u>Burial</u> | <u>6/1/1951</u> | <u>Lloyd Brennaman Cem.</u> | <u>Near Swanton, Md.</u> | |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS | |
| <u>6/1/51</u> | <u>Julia A. Rowan</u> | <u>Emory D. Bolden</u> | <u>Oakland, Md.</u> | |

100105

RECEIVED

JUN 13 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04892

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

| | | | | | |
|--|------------------|--|--|----------------------|---|
| 1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>DEER PARK, MARYLAND</u> | | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u> | | |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Rural</u> TOWN <u>Life time</u> | | | CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Rural</u> TOWN <u>Rural</u> | | |
| HOSPITAL OR INSTITUTE OR STREET ADDRESS | | | STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) (Day) (Year) |
| | <u>GARFIELD</u> | <u>LUTHER</u> | <u>BOWERS</u> | <u>5/8/1951</u> | <u>19</u> |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months Days If under 24 hrs. Hours Min. |
| <u>Male</u> | <u>White</u> | <u>Widower</u> | <u>3/11/1881</u> | <u>70</u> yrs. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) |
| <u>Coal Miner</u> | | | <u>Owner of Farm</u> | | <u>UNDERWOOD? MD.</u> |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NAME | | |
| <u>JOHN BOWERS</u> | | | <u>MARTHA SIGLER</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY No. | | 17. INFORMANT AND ADDRESS |
| | | | <u>217-01-1309A</u> | | <u>Stancie Bowers, Vindex, Md.</u> |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Sudden523.0

Antecedent cause(s)

(b)

Silicosis (not tbc.)20 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| | <u>INJURY</u> | | | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 3/30, 1948, to 8 May, 1951, that I last saw the deceasedalive on 8 May, 1951, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | |
|---|------------------------|-------------------------------|--|
| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
| <u>Burial</u> | <u>5/11/1951</u> | <u>Deer Park Cemetery</u> | <u>Deer Park, Md.</u> |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| <u>5/11/51</u> | <u>Julius A. Roman</u> | <u>Emory D. Bolder</u> | <u>Oakland, Md.</u> |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

650216

RECEIVED
MAY 28 1964
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

04893

Reg. Dist. No. 166

| | | | |
|--|---|--|-----------------------------------|
| 1. PLACE OF DEATH COUNTY <u>Garrett</u> <u>Oakland</u> , MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Peter</u> (Middle) <u>Johnson</u> (Last) <u>Bowman</u> | 4. DATE OF DEATH (Month) <u>May</u> (Day) <u>30</u> (Year) <u>1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>3/11/1873</u> |
| 9. AGE last birthday <u>78</u> yrs. | | 10. If under 1 year Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No occupation.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Invalid</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Garrett County, Md.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Mose Bowman</u> | | 14. MOTHER'S MAIDEN NAME <u>Susan Bowser.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>Albert Bowman, Oakland, Md.</u> | | <u>Rural</u> | |

18. MEDICAL CERTIFICATION

| | | |
|--|--|----------------------------------|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) <u>Broncho Pneumonia</u> | | <u>3 days</u> |
| Antecedent cause(s) (b) <u>491X</u> <u>107</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | |

| | |
|---|--|
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
|---|--|

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

| | | |
|--|---|---------------------------------|
| 21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u> | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) E. J. Bowman, M.D. ADDRESS Oakland Md DATE SIGNED 5/30/51

| | | | |
|--|------------------------------|--|--|
| 23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | DATE THEREOF <u>6/2/1951</u> | NAME OF CEMETERY OR CREMATORY <u>Thayerville Cemetery,</u> | LOCATION (City, town, or county) (State) <u>Thayerville, Md.</u> |
|--|------------------------------|--|--|

| | | |
|---|---|-----------------------------|
| DATE RECD BY LOCAL REGISTAR'S SIGNATURE <u>7/2/51 Julia G. Harman</u> | 24. FUNERAL DIRECTOR <u>E. Murray W. Bolden</u> | ADDRESS <u>Oakland, Md.</u> |
|---|---|-----------------------------|

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 13 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04894

Reg. Dist. No. 166

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH - COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED - STATE West Virginia COUNTY Taylor | |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grafton | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home | | STREET ADDRESS (If rural, give location) Maple Ave. | |
| 3. NAME OF DECEASED (Type or Print) | (First) Thomas | (Middle) B. | (Last) Campbell |
| 5. SEX Male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH 5/12/1876 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Boiler Maker | | 10b. KIND OF BUSINESS OR INDUSTRY B&O Rail Road | 11. BIRTHPLACE (State or foreign country) West Virginia |
| 13. FATHER'S NAME Unknown George Campbell | | 14. MOTHER'S MAIDEN NAME Unknown Elizabeth Love | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT AND ADDRESS R. L. Campbell Grafton, W. Va. |

| | | |
|---|--|---|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause (a) Arterio-sclerotic cardio-vascular disease | | ? years |
| Antecedent cause(s) (b) Chronic Bronchitis | | ? years |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Senility | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | |
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **27 Sept. 1950**, to **3 May 1951**, that I last saw the deceased alive on **2 May 1951**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

SIGNATURE **Thomas & Lushy M. D. Oakland, Md.** DATE SIGNED **3 May 51**
(Degree or title) ADDRESS

| | | | |
|--|---|---|--|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5/6/1951 | NAME OF CEMETERY OR CREMATORY Bluemont Cemetery | LOCATION (City, town, or county) (State) Grafton, W. Va. |
| DATE REC'D BY LOCAL REG. May 4/51 | REGISTRAR'S SIGNATURE Julius A. Rowan | 24. FUNERAL DIRECTOR A. H. Knotts | ADDRESS Grafton, W. Va. |

Herbert C. Lightner, M.D. 503506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04895

Reg. Dist. No. 166

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>Mt. Lake Park</u> <u>MARYLAND</u> | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>15 years</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN | |
| HOSPITAL OR INSTITUTE OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Archibald</u> (Middle) <u>Cosner</u> (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>5/18/1951</u> <u>19</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>2/15/1867</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE last birthday <u>83</u> yrs. |
| 11. BIRTHPLACE (State or foreign country) <u>Bismark, W. Va.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>John Cosner</u> | | 14. MOTHER'S MAIDEN NAME <u>Unice Catherine Idlemen</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY No. <u>None</u> | |
| 17. INFORMANT AND ADDRESS <u>Loren W. Cosner, Bayard, W. Va</u> | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Apoplexia.

Antecedent cause(s)

(b) Hypertension

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF INJURY m. While at Work ☐ Not While At work ☐

(CITY OR TOWN) (COUNTY) (STATE)

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr-1st, 1951, to May-18th, 1951, that I last saw the deceased

alive on May-17th, 1951, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5/20/51 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Bismark, W. Va. Emory W. Bolden Oakland, Md.

510246

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04896

Reg. Dist. No. 166

| | | | | | |
|--|------------------|--|------------------|---|---|
| 1. PLACE OF DEATH- COUNTY GARRETT | | STATE MARYLAND | | COUNTY GARRETT | |
| CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND | | LENGTH OF STAY (in this place) 15 days | | CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL | | STREET ADDRESS SECOND ST. | | (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) (Day) (Year) |
| NELLIE | SYBILLA | Crowe | PIFER | MAY | 20 19 51 |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months Days If under 24 hrs. Hours Min. |
| FEMALE | WHITE | MARRIED | 8/14/1892 | 58 yrs. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE | | 11. BIRTHPLACE (State or foreign country) ILLINOIS | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME SMITH, DANIEL MARKLEY | | 14. MOTHER'S MAIDEN NAME COOPER, PHEBE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY No. | | 17. INFORMANT AND ADDRESS PIFER, FRANK - [REDACTED] - OAKLAND, MD. | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Heart Failure**

INTERVAL BETWEEN ONSET AND DEATH

2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) **Bilat Broncho - Pneumonia**

15 days

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Pleural effusion - left

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

Yes ☐ No ☒

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| SUICIDE | INJURY | | | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from **May 1**, 19**51**, to **May 20**, 19**51**, that I last saw the deceased

alive on **May 19**, 19**51**, and that death occurred at **5:18 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | | |
|---|-----------------------|-------------------------------|----------------------------------|---------|
| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
| Burial | 5/22/1951 | Oakland Cemetery | Oakland, Md. | |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS | |
| 5/22/51 | Julia G. Cowan | Emory D. Bolden | Oakland, Md. | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04897

Reg. Dist. No. 166

| | | | |
|---|--|---|----------------------------------|
| 1. PLACE OF DEATH- COUNTY Garrett CITY (If outside corporate limits, write RURAL and OR give nearest town) Mt. Lake Park, HOSPITAL OR INSTITUTION OR STREET ADDRESS D. Street | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park, STREET ADDRESS (If rural, give location) D. Street | |
| 3. NAME OF DECEASED (First) Ray (Middle) Cookman (Last) Friend Sr. | 4. DATE OF DEATH (Month) May (Day) 25 (Year) 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 5/2/1875 |
| 9. AGE last birthday 76 yrs. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer | | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Henry E. Friend | | 14. MOTHER'S MAIDEN NAME Sarah Blackburn | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes Spanish American | | 16. SOCIAL SECURITY NO. 232-12-8177 | |
| 17. INFORMANT AND ADDRESS Mrs. Sara Jane Friend Mt. Lake Park | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Corruption Heart Failure**

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH **1 yr.**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes Mellitus

20 yrs

| | | |
|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. ACCIDENT (Specify) SUICIDE | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **7/3**, 19**47**, to **5/25**, 19**51**, that I last saw the deceased

alive on **5/25**, 19**51**, and that death occurred at **9:00 P.m.**, from the causes and on the date stated above.

SIGNATURE **[Signature]** (Degree or title) ADDRESS **Oakland Md** DATE SIGNED **5/26/51**

| | | | |
|---|---|---|--|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5/28/1951 | NAME OF CEMETERY OR CREMATORY Oakland Cemetery | LOCATION (City, town, or county) (State) Oakland, Md. |
| DATE REC'D BY LOCAL REG. May 28/51 | REGISTRAR'S SIGNATURE Julia C. Rowan | 24. FUNERAL DIRECTOR Herbert C. Reighton | ADDRESS Oakland, Md. |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04898

Reg. Dist. No. 166

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH. COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED. Ohio Jefferson | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Accident | | CITY (If outside corporate limits, write RURAL and give nearest town) Steubenville | |
| TOWN Accident | | TOWN Steubenville | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 1/4 Mi. North Accident | | STREET ADDRESS (If rural, give location) 1923 Columbia Ave. | |
| 3. NAME OF DECEASED (Type or Print) | (First) Dean (Middle) Wilson (Last) Ginger | 4. DATE OF DEATH | (Month) May (Day) 18 (Year) 1951 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 12/2/1889 |
| 9. AGE last birthday 61 yrs. | | 10. UNDER 1 year Months 11 Days 18 Hours 19 Min. | |
| 11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Broker | | 11b. KIND OF BUSINESS OR INDUSTRY Lumber | |
| 12. FATHER'S NAME Moses Ginger | | 13. MOTHER'S MAIDEN NAME Sarah Castner | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) | | 15. SOCIAL SECURITY NO. Unknown | |
| 16. INFORMANT Blaine Friend | | 17. FRIENDSVILLE, MD. | |

| | | |
|---|---|--|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause (a) Coronary Sclerosis | | |
| Antecedent cause(s) (b) 420.1 | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 94a | | |
| 11. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | HOW DID INJURY OCCUR? |
| 22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> | | |
| SIGNATURE (Degree or title) Dr. Baumgartner M.D. | | ADDRESS Oakland Md. |
| DATE SIGNED 5/18/51 | | |
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 5/19/1951 | NAME OF CEMETERY OR CREMATORY Union Cemetery |
| LOCATION (City, town, or county) Steubenville, Ohio | | (State) Ohio |
| DATE RECD BY LOCAL REG. 5/19/51 | REGISTRAR'S SIGNATURE Julius A. Rowan | 24. FUNERAL DIRECTOR Herbert C. Leighton |
| ADDRESS Oakland, Md. | | |

290687

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

04899

161

Reg. Dist. No.

| | | | |
|--|--|--|----------------------------------|
| 1. PLACE OF DEATH- COUNTY <u>CARRETT</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Friendsville</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Friendsville</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Frank</u> (Middle) <u>Glover</u> (Last) <u>Glover</u> | 4. DATE OF DEATH (Month) <u>May</u> (Day) <u>20</u> (Year) <u>1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>10/15/14</u> |
| 9. AGE last birthday <u>36</u> yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Georgia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>United States</u> | |
| 13. FATHER'S NAME <u>John Thomas Glover</u> | | 14. MOTHER'S MAIDEN NAME <u>Florence VAN ZANT</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <u>Mrs H.F. Glover Friendsville Md</u> | | | |

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Accidental Asphyxiation - Road 7 fire

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chemical & toxicological examination

(c) Brain & fluid section progress

11. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office, etc.) OF INJURY Home

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY May 20 - 1950 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

Body caught on fire

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 21

Mrs. Kathryn Fike

Emory D. Golden, Oakland, Md

075868

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 24 1961
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04900

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH COUNTY Garrett | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Oakland | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Deer Park | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) Laura | (Middle) Temperance | (Last) Haines |
| 5. SEX Female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH May, 13, 1867 |
| 9. AGE last birthday 84 yrs. | | 4. DATE OF DEATH May, 5th, 1951 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired nurse | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Isaac Cormany | | 14. MOTHER'S MAIDEN NAME Frances Rebecca Moreland | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Charles Haines-Som Deer Park Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) **Toxemia - reaction**

9/16.0 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) **2nd & 3rd degree burns of face, both arms****5 days**(c) **Chest and thigh.**II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

| | | | | |
|---|--|--|------------------------------|-----------------------------|
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> | PLACE (Home, farm, factory, street, office bldg, etc.) INJURY HOME | (CITY OR TOWN) Deer Park Garrett Maryland. | (COUNTY) Maryland. | (STATE) Maryland. |
| TIME (Month) (Day) (Year) (Hour) OF INJURY 4/29/51 8 A. m. | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | HOW DID INJURY OCCUR? Clothes caught while working over stove. | | |

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | | |
|---|--|--|--|-----------------------|
| 23. BURIAL, CREMATION, etc. XXXXXX-XXXXXX | DATE THEREOF 5-7-1951 | NAME OF CEMETERY OR CREMATORY Deer Park Cemetery | LOCATION (City, town, or county) Deer Park Md. | (State) Md. |
| DATE REC'D BY LOCAL REG. 5-8-1951 | REGISTRAR'S SIGNATURE Julia A. Rowan | 24. FUNERAL DIRECTOR Emory D. Bolden | ADDRESS Oakland, Md. | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Bollen
Please get me copy. See my memo on
this to file.
Rosen is out of town

BUREAU V. S.

MAY 28 1954

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04901/166

| | | | |
|--|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH- COUNTY GARRETT MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co. Memorial Hosp. | | STREET ADDRESS (If rural, give location) SECOND STREET | |
| 3. NAME OF DECEASED (Type or Print) | (First) JOSEPH | (Middle) E. | (Last) HARNED |
| 4. DATE OF DEATH | (Month) MAY | (Day) 5 | (Year) 1951 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED | 8. DATE OF BIRTH 12/1/1870 |
| 9. AGE last birthday 80 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST | |
| 11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME HARNED, JOHN | | 14. MOTHER'S MAIDEN NAME DAVIS, ANNA | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY No. | |
| (If yes, give war or dates of service) | | 17. INFORMANT AND ADDRESS HAROLD HARNED- SON - OAKLAND, MD. | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

20 days

Antecedent cause(s)

(b)

Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from **April 15**, 19**50**, to **May 5**, 19**51**, that I last saw the deceased

alive on **May 5**, 19**51**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | | |
|--|-----------------|-------------------------------|----------------------------------|---------|
| 23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
| Burial | 5/8/1951 | Oakland Cemetery | Oakland, Md. | |

DATE REC'D BY LOCAL REG. **5/8/1951** REGISTRAR'S SIGNATURE **Julia M. Moran** 24. FUNERAL DIRECTOR **Herbert C. Leighton** ADDRESS **Oakland, Md.**

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

073669

RECEIVED
MAY 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04902

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Rural Gorman | | CITY (If outside corporate limits, write RURAL and give nearest town) Rural Gorman | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Mi. No. Gorman | | STREET ADDRESS (If rural, give location) 2 Mi. No. Gorman | |
| 3. NAME OF DECEASED (Type or Print) | (First) Bessie | (Middle) Fitzwater | (Last) Harvey |
| 4. DATE OF DEATH | (Month) May | (Day) 30, | (Year) 1951 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 9/29/1883 |
| 9. AGE last birthday 67 yrs. | | 10. If under 1 year: Months 0 Days 0 Hours 0 Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife | | 10b. KIND OF BUSINESS OR OCCUPATION Own Home | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13. FATHER'S NAME Albert Fitzwater | | 14. MOTHER'S MAIDEN NAME Florence White | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY No. ----- | |
| 17. INFORMANT AND ADDRESS Russell W. Harvey Gorman, W. Va. | | | |
| 18. MEDICAL CERTIFICATION | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Obstructive Jaundice & Ascites | | | 8 wks |
| Antecedent cause(s) (b) CARCINOMA OF LIVER | | | ? |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Sclerotic Heart Disease | | | 4 yrs |
| | | | 3 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION MARCH 51 | | 19b. MAJOR FINDINGS OF OPERATION LARGE Solitary Gall Stone | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) | (CITY OR TOWN) | (COUNTY) (STATE) |
| INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/> | HOW DID INJURY OCCUR? | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | | |
| 22. I hereby certify that I attended the deceased from 5-12 , 19 50 , to 5-18 , 19 51 , that I last saw the deceased alive on 5-18 , 19 51 , and that death occurred at 10:45 A. m., from the causes and on the date stated above. | | | |
| SIGNATURE Sam J. Denton, Jr. M.D. | | ADDRESS 58 2nd St. Oakl. Md. DATE SIGNED 6-2-51 | |
| 23. BURIAL, CREMATION OR OTHER DISPOSAL (Specify) Burial | DATE THEREOF 6/2/1951 | NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | LOCATION (City, town, or county) (State) near Gorman, Md. |
| DATE REC'D BY LOCAL REG. 6/2/1951 | REGISTRAR'S SIGNATURE Julia C. Rowan | 24. FUNERAL DIRECTOR Nesbert C. Reighton | ADDRESS Oakland, Md. |

RECEIVED

JUN 13 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04903

Reg. Dist. No. 166

| | | | |
|---|------------------------|---|--------------------------|
| 1. PLACE OF DEATH- COUNTY GARRETT MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE WEST VIRGINIA COUNTY Preston | |
| CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND | | CITY (If outside corporate limits, write RURAL and give nearest town) LEADMINE Terra Alta, Rt 3 | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL | | STREET ADDRESS RURAL (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) KELLER | | 4. DATE OF DEATH (Month) (Day) (Year) MAY 27 19 51 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE | 8. DATE OF BIRTH 5/27/51 |
| 9. AGE last birthday yrs. Months Days | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | |
| 11. BIRTHPLACE (State or foreign country) LEADMINE, W. VA. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME KELLER, HARRY EDWARD | | 14. MOTHER'S MAIDEN NAME MULLENAX, LEONA | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY No. NONE | |
| 17. INFORMANT AND ADDRESS HARRY E. KELLER, ROUTE 3 TERRA ALTA, W.VA. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

| | |
|---|--|
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| SUICIDE INJURY | |
| HOMICIDE | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? | |
| OF INJURY m. While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | |

22. I hereby certify that I attended the deceased from 27 May, 19 51, to 27 May, 19 51, that I last saw the deceased alive on 27 May, 19 51, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | | | |
|--|--|---|--|---|--|
| 23. BURIAL, CREMATION REMOVAL (Specify) DATE REC'D BY LOCAL REG. 28/51 | | NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery | | LOCATION (City, town, or county) Terra Alta | |
| REGISTRAR'S SIGNATURE Julia A. Rowan | | 24. FUNERAL DIRECTOR | | ADDRESS | |
| | | Terra Alta, W. Va. | | 27 May 51 | |

90527149027

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04904

CERTIFICATE OF DEATH

Reg. Dist. No. 166

| | | | |
|---|----------------------------------|---|-------------------------------------|
| 1. PLACE OF DEATH. COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park TOWN Mt. Lake Park HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home | | 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park TOWN Mt. Lake Park STREET ADDRESS (If rural, give location) Loch Lynn | |
| 3. NAME OF DECEASED (Type or Print) | (First) Andrew | (Middle) Jackson | (Last) Lee |
| 4. DATE OF DEATH | (Month) May | (Day) 15 | (Year) 1951 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 9/6/1860 |
| 9. AGE last birthday 90 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | |
| 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Robert Lee | | 14. MOTHER'S MAIDEN NAME Christie E. Waltz | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY No. ----- | |
| 17. INFORMANT AND ADDRESS Robert H. Lee Deer Park, Md. | | | |

| | | | |
|---|--|--|--|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| Immediate cause (a) Heart failure | | 7 days | |
| Antecedent cause(s) (b) Chr. Bronchitis | | ? years | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Prostatic Hypertrophy | | ? years | |
| 19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE | | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | |
| (CITY OR TOWN) | | (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | |
| HOW DID INJURY OCCUR? | | | |

22. I hereby certify that I attended the deceased from **15 March, 1951**, to **15 May, 1951**, that I last saw the deceased alive on **14 May, 1951**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

SIGNATURE (Degree or title) **Thomas D. Quibby M.D.** ADDRESS **Oakland, Md.** DATE SIGNED **May 18, 1951**

| | | | |
|---|---|--|--|
| 23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/18/1951 | NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem. | LOCATION (City, town, or county) (State) Garrett County, Md. |
| DATE RECD BY LOCAL REG. 5/18/51 | REGISTRAR'S SIGNATURE Julius A. Rowan | 24. FUNERAL DIRECTOR Herbert C. Leighton | ADDRESS Oakland, Md. |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED
MAY 28 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

04905

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH- COUNTY GARRETT MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE WEST VIRGINIA M.D. COUNTY GARRETT | |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GORMANIA Rural | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL | | STREET ADDRESS (If rural, give location) 4 Mi. West Gormanania | |
| 3. NAME OF DECEASED (Type or Print) | (First) LAURA (Middle) ELLEN (Last) LILLER | 4. DATE OF DEATH (Month) (Day) (Year) MAY 1 1951 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH JUNE 12, 1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE last birthday 72 yrs. |
| 11. BIRTHPLACE (State or foreign country) MARYLAND | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME CHRIS BACHTEL | | 14. MOTHER'S MAIDEN NAME Sarah Ellen Winters | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY No. ---- | |
| 17. INFORMANT James A. Liller | | | |

18. MEDICAL CERTIFICATION

| | | |
|---|---|--|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Cerebral Vascular Accident | | 15 hr |
| Antecedent cause(s) (b) Hypertension | | |
| (c) Tumor Right Parotid Gland. Probably not malignant | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office hldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | | |
|--|-----------------|-------------------------------|----------------------------------|---------|
| 23. BURIAL, CREMATION, OR OTHER METHOD (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
| Burial | 5/4/1951 | Eglon Cemetery | Eglon, W. Va. | |

| | | | |
|--------------------------|-----------------------|----------------------------|---------------------|
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| 5/7/1951 | Julia A. Rowan | Herbert C. Leighton | Oakland, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 11 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04906

Reg. Dist. No. 166

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH- COUNTRY <u>GARRETT</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>WEST VIRGINIA</u> COUNTY <u>PRESTON</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>OAKLAND</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>ERWIN</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u> | | STREET ADDRESS (If rural, give location) <u>✓</u> | |
| 3. NAME OF DECEASED (Type or Print) | (First) (Middle) (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>LIPSCOMB</u> <u>MAY</u> <u>27</u> <u>1951</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>MAY 26, 1951</u> |
| 9. AGE last birthday yrs. Months Days <u>11</u> <u>11</u> <u>11</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | |
| 11. BIRTHPLACE (State or foreign country) <u>WEST VIRGINIA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>LIPSCOMB ALBERT BERT</u> | | 14. MOTHER'S MAIDEN NAME <u>BHAN RUBY LUNDY</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY No. | |
| 17. INFORMANT AND ADDRESS <u>ALBERT LIPSCOMB - FATHER - ERWIN, W. VA.</u> | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Not While m. Work ☐ At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☐22. I hereby certify that I attended the deceased from May 26, 1951, to May 27, 1951, that I last saw the deceasedalive on May 27, 1951, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL

REGISTER'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 29/51Julius A. HowanEmory D. BoldenOakland, Md.90526149

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1951
BUREAU W.S.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

04907

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH- COUNTY Garrett MARYLAND CITY (If outside corporate limits, write RURAL and OR TOWN Rural Oakland, LENGTH OF STAY 1 year (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of O. S. Beckman | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park, STREET ADDRESS (If rural, give location) 6 Mi. So. Deer Park, Md. | |
| 3. NAME OF DECEASED (First) (Middle) (Last) Rose Anna (Tasker) Paugh | | 4. DATE OF DEATH (Month) (Day) (Year) May 26, 1951 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 2/19/1868 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 9. AGE last birthday 83 yrs. |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Jermiah Tasker | | 14. MOTHER'S MAIDEN NAME Ella E. White | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. ---- | |
| 17. INFORMANT AND ADDRESS Mrs. O. S. Beckman R. D. Oakland, | | | |

| | | |
|---|---|--|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause (a) Dia etes 15 years | | |
| Antecedent cause(s) (b) Both legs Amputated years Almost Blind | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hardened Arteries, some Paralysis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION no leg amputated about 15 yrs | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED White at Work <input type="checkbox"/> Not White At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **years**, 19....., to....., 19....., that I last saw the deceased alive on **5 P.M. 26 51**, 19....., and that death occurred at **7:00 A.m.**, from the causes and on the date stated above.

| | | | | | |
|--|-----------------------|-------------------------------|----------------------------------|-------------------------------------|--|
| SIGNATURE [Signature] (Degree or title) | | ADDRESS Oakland | | DATE SIGNED Garrett Maryland | |
| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) | |
| Burial | 5/28/1951 | Oakland Cemetery | Oakland, Md. | | |
| 24. DATE REC'D BY LOCAL REG | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS | | |
| May 28/51 | [Signature] | Herbert C. Leighton | Oakland, Md. | | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Edward C. Sellers

RECEIVED
JUN 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04908

Reg. Dist. No. 166

| | | | |
|---|----------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>Mt. Lake</u> <u>MARYLAND</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Life time</u> TOWN <u>Life time</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Life time</u> OR TOWN <u>Life time</u> STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Charles</u> | (Middle) <u>Elliott</u> | (Last) <u>Queer</u> |
| 4. DATE OF DEATH | (Month) <u>5</u> | (Day) <u>16</u> | (Year) <u>1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>11/14/1888</u> |
| 9. AGE last birthday <u>62</u> yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman at Milk Station</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Henry, West Va.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>William Queer.</u> | | 14. MOTHER'S MAIDEN NAME <u>Emma Riley.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY No. <u>213-05-4099</u> | |
| 17. INFORMANT AND ADDRESS <u>Mrs. Charles Queer, Mt. Lake Park</u> | | | |

18. MEDICAL CERTIFICATION

| | |
|--|----------------------------------|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| 445X Immediate cause (a) <u>Cerebral Hemorrhage</u> | <u>5 hrs</u> |
| Antecedent cause(s) (b) <u>Malignant Hypertension</u> | <u>5 yrs</u> |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | |

| |
|---|
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |
|---|

| | | |
|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 11/29/46, 19....., to 5/16/51, 19....., that I last saw the deceased alive on 4/5/51, 19....., and that death occurred at 1145 m., from the causes and on the date stated above.

| | | | |
|--|--|---|--|
| SIGNATURE <u>Dr. B. B. B. B.</u> | (Degree or title) <u>MD</u> | ADDRESS <u>Oakland Md</u> | DATE SIGNED <u>5/18/51</u> |
| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF <u>05/19/1951</u> | NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley Cemetery</u> | LOCATION (City, town, or county) (State) <u>Mt. Lake Park Md</u> |
| DATE REC'D BY LOCAL REG. <u>5/19/51</u> | REGISTRAR'S SIGNATURE <u>J. G. G. G.</u> | 24. FUNERAL DIRECTOR <u>Emory D. Bolden</u> | ADDRESS <u>Oakland, Md.</u> |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

680105

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 049086

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH- COUNTY GARRETT MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT | |
| CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND | | CITY (If outside corporate limits, write RURAL and give nearest town) ACCIDENT | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOS. | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) MAUDE (Middle) | (Last) SCHLOSNALE | 4. DATE OF DEATH (Month) MAY (Day) 9 (Year) 1951 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED | 8. DATE OF BIRTH 5/7/1891 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min. |
| 11. BIRTHPLACE (State or foreign country) ACCIDENT, MARYLAND | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13. FATHER'S NAME SPOERLEIN, JOHN | | 14. MOTHER'S MAIDEN NAME DODGE, DORA | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY No. | |
| | | 17. INFORMANT AND ADDRESS HOWARD SCHLOSNALE, ACCIDENT MARYLAND | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Cerebral Vascular Accident**

INTERVAL BETWEEN ONSET AND DEATH

5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) **HYPERTENSION**

2 yrs.

(c) **Sclerotic Heart Disease**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from **5-50**, 19**51**, to **5-9**, 19**51**, that I last saw the deceased

alive on **5-9**, 19**51**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree of title)

ADDRESS

DATE SIGNED

| | | | | |
|---|------------------------|-------------------------------|----------------------------------|---------|
| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
| Burial | 5-11-1951 | Eastern Church Yard | Accident Md | |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS | |
| 5-11-1951 | Julia G. Carson | Wm. Winterberg | Spontaneous | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 28 1954
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05350

Reg. Dist. No. 166

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH COUNTY <u>Garrett</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Allegany</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mt. Lake Park</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cumberland</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nursing Home</u> | | STREET ADDRESS (If rural, give location) <u>not known</u> | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Lucy</u> | (Middle) <u>Alice</u> | (Last) <u>Schneider</u> |
| 6. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>1/4/1875</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> |
| 13. FATHER'S NAME <u>Unknown</u> | | 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY No. <u>-----</u> | 17. INFORMANT AND ADDRESS <u>Mrs. William Evans Mt. Lake Park, Md.</u> |

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebro-vascular Accident

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardio-vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 9 May, 1951, to 19 May, 1951, that I last saw the deceased

alive on 18 May, 1951, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

| | | | |
|---|--|--|---|
| SIGNATURE <u>Thomas D. Parry M.D.</u> | DATE THEREOF <u>5/23/1951</u> | NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | LOCATION (City, town, or county) (State) <u>Oakland, Maryland.</u> |
| DATE RECD BY LOCAL REG. <u>5/23/51</u> | REGISTRAR'S SIGNATURE <u>Julia K. Rowan</u> | 24. FUNERAL DIRECTOR <u>Herbert C. Reighton</u> | ADDRESS <u>Oakland, Md.</u> |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Need to obtain shipping
labels to obtain proper family history

RECEIVED
JUN 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04910

CERTIFICATE OF DEATH

Reg. Dist. No. 162

| | | | |
|--|-------------------------------|---|----------------------------------|
| 1. PLACE OF DEATH- COUNTY <u>Garett</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Garett</u> | |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Jennings</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Jennings</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (First) <u>Hayward</u> (Middle) <u>Wayne</u> (Last) <u>Swauger</u> | | 4. DATE OF DEATH (Month) <u>May</u> (Day) <u>9</u> (Year) <u>1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>9-5-1950</u> |
| 9. AGE last birthday <u>8m-4d</u> -yrs. | | 10. If under 1 year 11. If under 24 hrs. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Jennings Md</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> | |
| 13. FATHER'S NAME <u>Heiskell Swauger</u> | | 14. MOTHER'S MAIDEN NAME <u>Iretha Fike</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> | | 16. SOCIAL SECURITY No. <u>None</u> | |
| 17. INFORMANT AND ADDRESS <u>Heiskell Swauger, Jennings Md</u> | | | |

| | | |
|---|--|----------------------------------|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause (a) <u>Tuber pneumonia Right side</u> | | |
| Antecedent cause(s) (b) <u>and upper left lobe</u> | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>105</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|--|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT (Specify) <u>SUICIDE</u> | PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u> | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u> | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 7, 1951, to May 8, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE H. R. Davis M.D. ADDRESS Grantsville Md DATE SIGNED May 8 1951

| | | | | |
|---|---|--|--|---------|
| 23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | DATE <u>May 11-1951</u> | NAME OF CEMETERY OR CREMATORY <u>Grantsville</u> | LOCATION (City, town, or county) <u>Grantsville Md</u> | (State) |
| DATE REC'D BY LOCAL REG. <u>May 10-51</u> | REGISTRAR'S SIGNATURE <u>Ethel Broadwater</u> | 24. FUNERAL DIRECTOR <u>Mr. Winterberg</u> | ADDRESS <u>Grantsville Md</u> | |

969050 990990

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1961
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04911

Reg. Dist. No. 166

| | | | |
|---|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Deer Park, LENGTH OF STAY (in this place) 83 yrs. | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Deer Park, | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Mrs. J. W. King | | STREET ADDRESS (If rural, give location) 6 Mi. S W Deer Park, Md. | |
| 3. NAME OF DECEASED (Type or Print) | (First) Fannie | (Middle) Belle | (Last) Wildesen |
| 4. DATE OF DEATH | (Month) May | (Day) 24, | (Year) 1951 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 10/3/1867 |
| 9. AGE last birthday 83 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Charles William Wildesen | | 14. MOTHER'S MAIDEN NAME Mary Catherine Thompson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no | | 16. SOCIAL SECURITY No. ----- | |
| 17. INFORMANT AND ADDRESS Lamoyne King Deer Park, Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Heart Disease

Antecedent cause(s)

(b)

Atherosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **23 May 1951**, to **24 May 1951**, that I last saw the deceased

alive on **May 23, 1951**, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

A. E. Mancy

MD

Oakland Md

26 May 51

23. BURIAL, CREMATION, or other disposal (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial

5/27/1951

White Church Cemetery

near Deer Park, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5/27/1951

Julia A. Rowan

Herbert C. Reighton

Oakland, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1961
BUREAU V. S.